



REQUEST FOR BOARD ACTION

ITEM NO. 8a.

DATE OF MEETING: March 17, 2014

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Resolution Authorizing Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2013-2014: Environmental Health: Well Contractors Certification: \$2,500.

BACKGROUND: The North Carolina Well Contractors Certification Commission (NCWCCC) requires that well contractors gain certification. The NCWCCC protects groundwater and the public's health and safety. The Environmental Health Section is providing additional funds so Pender County can provide a training event to North Carolina certified well contractors in the area. Training will provide continuing education credit (CEU) for certified well contractors who complete the training. North Carolina certified well contractors are required to earn at least 6 continuing education units annually.

SPECIFIC ACTION REQUESTED: To consider a resolution approving a budget amendment for increasing additional programmatic revenues and related expenditures for Pender County Health Department by \$2,500 in the Environmental Health program for Fiscal Year 2013-2014.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.


Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the FY 2013-2014 Annual Budget Ordinance is amended to increase revenues/expenditures and approve related purchase orders for the following program.

Increase Revenues:

Environmental Health 11 375018 \$2,500

Increase Expenditures:

Environmental Health 900050 404500 Contracted Services \$2,500

The Chair/County Manager is authorized to execute any/all agreements necessary to implement the resolution.

AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Williams ___ McCoy ___ Brown ___ Tate ___ Ward ___

J. David Williams, Chairman 03/17/14
Date

ATTEST 03/17/14
Date

COPY

**Division of Public Health
Agreement Addendum
FY 13-14**

Pender County Health Department
Local Health Department Legal Name

Environmental Health Section
On-Site Water Protection Branch
DPH Section/Branch Name

882- NC Certified Well Contractor Training
Activity Number and Description

Joanne Rutkofske, (919) 707-5881
Joanne.Rutkofske@dhhs.nc.gov
DPH Program Contact
(name, telephone number with area code, and email)

02/01/2014 - 04/30/2014
Service Period

DPH Program Signature Date
(only required for a negotiable agreement addendum)

03/01/2014 - 05/31/2014
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # _____ (Please do not put the Budgetary Estimate revision # here.)

I. Background:

The North Carolina Well Contractors Certification Commission (NCWCCC) protects groundwater and the public's health and safety by requiring well contractors to gain certification by demonstrating their competency and experience and to further their knowledge of the trade through continuing education. Commission staff are part of the DHHS/DPH/On-Site Water Protection Section.

General Statute 87-98.10 Promotion of Training states that the Commission and the Secretary may provide training for well contractors and cooperate with educational institutions and private and public associations, persons, or corporations in providing training for well contractors.

II. Purpose:

The purpose of this Agreement Addendum is to provide a training event to North Carolina certified well contractors in the Pender County area. This training event will provide continuing education credit for certified well contractors who complete the training. North Carolina certified well contractors are required to earn at least 6 continuing education units (CEU) each certification period (annual).

III. Scope of Work and Deliverables:

The Pender County Health Department will provide training to certified well contractors in February 2014 in Burgaw, North Carolina.

The Pender County Health Department must obtain prior approval of the training event from the Well Contractors Certification Commission's Review Committee. The Review Committee will review the

Carolyn Greer

Health Director Signature (use blue ink)

1/27/14

Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: <u>Doug McVey</u>
	Phone number with area code: <u>910-259-1416</u>
	Email address: <u>d.mcvay@pendercountync.gov</u>

Signature on this page signifies you have read and accepted all pages of this document.

agenda provided by the Pender County Health Department in order to confirm that the agenda is sufficient as to the length and breadth of topics to be covered at the training event.

IV. Performance Measures/Reporting Requirements:

The Pender County Health Department will submit a roster of those who attend the training event to the Commission staff no later than 60 days after the training event. The roster will display the signature of those who attend as well as the amount of time that each person spent attending the training event. The roster will also list the event title and CE Pin# as provided by staff upon preapproval of the event agenda.

V. Performance Monitoring and Quality Assurance:

NCWCCC staff and/or NCWCCC Commissioners will (pending approval of Travel Authorization and schedule permitting) attend and perform an audit of this event. NCWCCC Staff will review attendance documentation for this event submitted by the Pender County Health Department.

If performance by Pender County Health Department is found to be unsatisfactory this will result in negative consideration of funding for future such events.

VI. Funding Guidelines or Restrictions: (if applicable)

None

**Allocation Page
For Fiscal Year: 13/14
Estimate Number: 1**

Waiting for Budget Super Approval

		892 2153 2531 04 Payment Period 03/01-05/31 Service Period 02/01-04/30	892 2153 2531 04 Payment Period 03/01-05/31 Service Period 02/01-04/30	Proposed Total	New Total
AA					
01 ALAMANCE		\$0.00	\$0.00	\$0.00	\$0.00
01 ALBERMARLE REG		\$0.00	\$0.00	\$0.00	\$0.00
01 ALEXANDER		\$0.00	\$0.00	\$0.00	\$0.00
04 ANSON		\$0.00	\$0.00	\$0.00	\$0.00
02 APPALACHIAN		\$0.00	\$0.00	\$0.00	\$0.00
07 BEAUFORT		\$0.00	\$0.00	\$0.00	\$0.00
02 BLADEN		\$0.00	\$0.00	\$0.00	\$0.00
10 BRUNSWICK		\$0.00	\$0.00	\$0.00	\$0.00
11 BUNCOMBE		\$0.00	\$0.00	\$0.00	\$0.00
12 BURKE		\$0.00	\$0.00	\$0.00	\$0.00
13 CAMARRIS		\$0.00	\$0.00	\$0.00	\$0.00
14 CALDWELL		\$0.00	\$0.00	\$0.00	\$0.00
16 CARTERET		\$0.00	\$0.00	\$0.00	\$0.00
17 CASWELL		\$0.00	\$0.00	\$0.00	\$0.00
28 CATAWBA		\$0.00	\$0.00	\$0.00	\$0.00
19 CHATHAM		\$0.00	\$0.00	\$0.00	\$0.00
20 CHRURGER		\$0.00	\$0.00	\$0.00	\$0.00
22 CLAY		\$0.00	\$0.00	\$0.00	\$0.00
23 CLEVELAND		\$0.00	\$0.00	\$0.00	\$0.00
24 COLUMBUS		\$0.00	\$0.00	\$0.00	\$0.00
28 CRAVEN		\$0.00	\$0.00	\$0.00	\$0.00
26 CUMBERLAND		\$0.00	\$0.00	\$0.00	\$0.00
28 DARE		\$0.00	\$0.00	\$0.00	\$0.00
29 DAVIDSON		\$0.00	\$0.00	\$0.00	\$0.00
20 DAVIS		\$0.00	\$0.00	\$0.00	\$0.00
31 DUPLIN		\$0.00	\$0.00	\$0.00	\$0.00
32 DURHAM		\$0.00	\$0.00	\$0.00	\$0.00
33 EDGEcombe		\$0.00	\$0.00	\$0.00	\$0.00
34 FORSYTH		\$0.00	\$0.00	\$0.00	\$0.00
35 FRANKLIN		\$0.00	\$0.00	\$0.00	\$0.00
36 GASTON		\$0.00	\$0.00	\$0.00	\$0.00
38 GRAHAM		\$0.00	\$0.00	\$0.00	\$0.00
03 GRAN-VANCE		\$0.00	\$0.00	\$0.00	\$0.00
40 GREENE		\$0.00	\$0.00	\$0.00	\$0.00
41 HILLFORD		\$2,500.00	\$0.00	\$2,500.00	\$2,500.00
42 HALIFAX		\$0.00	\$0.00	\$0.00	\$0.00
43 HARRITT		\$0.00	\$0.00	\$0.00	\$0.00
44 HAYWOOD		\$0.00	\$0.00	\$0.00	\$0.00
36 HENDERSON		\$0.00	\$0.00	\$0.00	\$0.00
46 HERTFORD		\$0.00	\$0.00	\$0.00	\$0.00
47 HORN		\$0.00	\$0.00	\$0.00	\$0.00
48 HYDE		\$0.00	\$0.00	\$0.00	\$0.00
49 IREDELL		\$0.00	\$0.00	\$0.00	\$0.00
50 JACKSON		\$0.00	\$0.00	\$0.00	\$0.00
51 JOHNSTON		\$0.00	\$0.00	\$0.00	\$0.00
52 JONES		\$0.00	\$0.00	\$0.00	\$0.00
53 LEE		\$0.00	\$0.00	\$0.00	\$0.00
54 LENOIR		\$0.00	\$0.00	\$0.00	\$0.00
55 LINCOLN		\$0.00	\$0.00	\$0.00	\$0.00
56 MACON		\$0.00	\$0.00	\$0.00	\$0.00
57 MADISON		\$0.00	\$0.00	\$0.00	\$0.00
04 MAR-TYR-WASH		\$0.00	\$0.00	\$0.00	\$0.00
60 MECHENBURG		\$0.00	\$0.00	\$0.00	\$0.00
62 MONTGOMERY		\$0.00	\$0.00	\$0.00	\$0.00
63 MOORE		\$0.00	\$0.00	\$0.00	\$0.00
64 NASH		\$0.00	\$0.00	\$0.00	\$0.00
65 NEW MANOVER		\$0.00	\$0.00	\$0.00	\$0.00
64 NORTHAMPTON		\$0.00	\$0.00	\$0.00	\$0.00
67 ORLOW		\$0.00	\$0.00	\$0.00	\$0.00
68 ORANGE		\$0.00	\$0.00	\$0.00	\$0.00
69 PAMLICO		\$0.00	\$0.00	\$0.00	\$0.00
71 PENDER		\$2,500.00	\$0.00	\$2,500.00	\$2,500.00
73 PERSON		\$0.00	\$0.00	\$0.00	\$0.00
74 PITT		\$0.00	\$0.00	\$0.00	\$0.00
76 RANDOLPH		\$0.00	\$0.00	\$0.00	\$0.00

DPH Aid To County

77 RICHMOND	\$0.00	\$0.00	\$0.00	\$0.00
78 ROBESON	\$0.00	\$0.00	\$0.00	\$0.00
79 ROCKINGHAM	\$0.00	\$0.00	\$0.00	\$0.00
80 ROWAN	\$0.00	\$0.00	\$0.00	\$0.00
81 R-P-H	\$0.00	\$0.00	\$0.00	\$0.00
82 SAMPSON	\$0.00	\$0.00	\$0.00	\$0.00
83 SCOTLAND	\$0.00	\$0.00	\$0.00	\$0.00
84 STANLY	\$0.00	\$0.00	\$0.00	\$0.00
85 STOKES	\$0.00	\$0.00	\$0.00	\$0.00
86 SURRY	\$0.00	\$0.00	\$0.00	\$0.00
87 SWAIN	\$0.00	\$0.00	\$0.00	\$0.00
88 TIE RIVER	\$0.00	\$0.00	\$0.00	\$0.00
89 TRANSYLVANIA	\$0.00	\$0.00	\$0.00	\$0.00
90 UNION	\$0.00	\$0.00	\$0.00	\$0.00
91 WAKE	\$0.00	\$0.00	\$0.00	\$0.00
92 WARREN	\$0.00	\$0.00	\$0.00	\$0.00
93 WAYNE	\$0.00	\$0.00	\$0.00	\$0.00
94 WILKES	\$0.00	\$0.00	\$0.00	\$0.00
95 WILSON	\$0.00	\$0.00	\$0.00	\$0.00
99 YADKIN	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00	\$0.00

Signature and Date - DPH Program Administrator

Jay M. Michl 1-06-14

Signature and Date - DPH Section Chief

J. K. Phillips 1/6/14

Signature and Date - DPH Contracts Office

Wanda Miller 1-6-14

Signature and Date - Division of Public Health Budget Officer

Willie McDermott 1/6/14

DX